

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/463586</b>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2		/		/			52						
3		(1)		/			53						
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12		/		/			62						
13		(1)		/			63						
14		(1)		/			64						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
T TAL IND.			1				T TAL IND.						
T TAL DEP.			17				TOTAL DEP.						
T TAL CLAIMS			18				T TAL CLAIMS						